



CITY OF ALEXANDRIA
CODE ENFORCEMENT BUREAU
301 KING STREET, SUITE 4200
ALEXANDRIA, VIRGINIA 22314
(703) 838-4360 FAX (703) 838-3880

CERTIFICATE OF OCCUPANCY

IMPORTANT -Applicant to complete ALL applicable Items. Shaded boxes are FOR OFFICIAL USE ONLY.

Permit Number		1. Building Name		Master Building Report	
2. Street Address		Floor/Suite Number		3. Date Applied	
4. Bldg. Owner		5. Phone: Home -		Ext.	
		Work -		Ext.	
6. Owner's Mailing Address (if different from project address)					
7. Tenant's Name		8. Phone: Home -		Ext.	
		Work -		Ext.	
9. Business License Number. _____		10. SUP # -			
New Business in City? <input type="checkbox"/> YES <input type="checkbox"/> NO		Expiration Date: _____			
		• PLEASE ATTACH COPY OF APPROVED SUP *			
11. Modification Granted? <input type="checkbox"/> No <input type="checkbox"/> Yes-applicable code section		12. Site Plan # SIT			
13. Building Use: Currently Approved _____ Proposed _____		Date Approved _____			
		14. Mixed Use Building: No Yes - Other Use Groups			
15. Intended Use: <input type="checkbox"/> Residential <input type="checkbox"/> Commercial		16. Code Edition:			
		17. Type of Construction: <input type="checkbox"/> 1A <input type="checkbox"/> 1B <input type="checkbox"/> 2A <input type="checkbox"/> 2B <input type="checkbox"/> 3A <input type="checkbox"/> 3B <input type="checkbox"/> 4 <input type="checkbox"/> 5A <input type="checkbox"/> 5B			
18. Space Previously Occupied? <input type="checkbox"/> No <input type="checkbox"/> Yes - as _____		19. <input type="checkbox"/> New Building <input type="checkbox"/> Existing Building			
20. Size of Tenancy _____ square feet		21. Floor Loading _____ psf			
22. Number of Floors to Be Occupied:		23. Total Number of Stories:			
24. Is the Building Sprinklered? <input type="checkbox"/> No <input type="checkbox"/> Yes - specify <input type="checkbox"/> Full <input type="checkbox"/> Partial		25. Fire Alarm System? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Proposed			
26. ADA Status of Building: <input type="checkbox"/> Exempt <input type="checkbox"/> Fully Accessible <input type="checkbox"/> Partially Accessible <input type="checkbox"/> Proposed Compliance (specify items) - _____					
AFFIDAVIT I hereby certify that I have the authority to make the foregoing application and that the application, to the best of my knowledge, is complete and correct and that the permitted construction will conform to the regulations in the Uniform Statewide Building Code and all applicable ordinances. _____ Signature of Owner or Authorized Agent _____ Printed Name of Person Applying for C.O. _____ Pager _____ Address _____ Phone		APPROVALS Approving Engineer/Approved Date Max. Occupancy Load Max. Floor Live Load Approved Use Group Assembly Permit Required? <input type="checkbox"/> No <input type="checkbox"/> Yes Occup Load _____		FEES TOTAL FEES PAID \$ Date Issued - Residential Fees - 1&2 Family Dwellings \$125 Condo Units \$125 - Commercial Fees - 500 sf and less \$100 501 - 1500 sf \$125 1501 sf and greater \$150 Master CO \$150 Shell & Core \$500	
THE CERTIFICATE OF OCCUPANCY MUST BE POSTED IN BUILDINGS OF USE GROUPS B, F, H, M AND S.					

NOTICE:

The building/tenant space may not be occupied before this Certificate of Occupancy is issued.